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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Substitute for Form PTO-876Application or Docket Number  
**10-774, 869****APPLICATION AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
<b>BASIC FEE</b> (37 CFR 1.16(e), (b), or (c))		
<b>SEARCH FEE</b> (37 CFR 1.16(k), (l), or (m))		
<b>EXAMINATION FEE</b> (37 CFR 1.16(o), (p), or (q))		
<b>TOTAL CLAIMS</b> (37 CFR 1.16(j))	minus 20 *	*
<b>INDEPENDENT CLAIMS</b> (37 CFR 1.16(h))	minus 3 *	*
<b>APPLICATION SIZE FEE</b> (37 CFR 1.16(k))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b> (37 CFR 1.16(j))		

\* If the difference in column 1 is less than zero, enter '0' in column 2

SMALL ENTITY

RATE (\$)	FEES (\$)
X *	
X *	

OR

RATE (\$)	FEES (\$)
X *	
X *	

OTHER THAN  
SMALL ENTITY

TOTAL

TOTAL

**APPLICATION AS AMENDED - PART II**

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1)	(Column 2)	(Column 3)
						Total (37 CFR 1.16(j))	16	Minus ** 20
		Independent (37 CFR 1.16(h))	Minus	*** 3	=			
		Application Size Fee (37 CFR 1.16(s))						
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						

RATE (\$)	ADDI- TIONAL FEE (\$)
X =	
X =	

OR

RATE (\$)	ADDI- TIONAL FEE (\$)
X =	
X =	

TOTAL  
ADDITIONAL FEE

OR

TOTAL  
ADDITIONAL FEE

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1)	(Column 2)	(Column 3)
						Total (37 CFR 1.16(j))	Minus ** 16	** =
		Independent (37 CFR 1.16(h))	Minus	***	=			
		Application Size Fee (37 CFR 1.16(s))						
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						

RATE (\$)	ADDI- TIONAL FEE (\$)
X =	
X =	

OR

RATE (\$)	ADDI- TIONAL FEE (\$)
X =	
X =	

TOTAL  
ADDITIONAL FEE

OR

TOTAL  
ADDITIONAL FEE

\* If the entry in column 1 is less than the entry in column 2, write '0' in column 2.  
 \*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter 20.  
 \*\*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter 3.  
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 2.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the person who is required to file this form. The information is used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 132 and 37 CFR 1.14. The collection is estimated to require approximately 1 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This form is being disseminated under the Freedom of Information Act. Comments on the burden estimate should be sent to the USPTO, Office of the Commissioner for Patents, Washington, DC 20591-0000. The USPTO is not able to respond to comments on the burden estimate. The USPTO is not able to respond to comments on the burden estimate.

ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. (1-800-PTO-9199, 703-305-9199, FAX: 703-305-9199, E-MAIL: PTO-876@USPTO.GOV)

If you need assistance in completing this form, call 1-800-PTO-9199, 703-305-9199, or 703-231-3000.